

CHILDHOOD EDUCATION

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CHILDHOOD EDUCATION

Journal of the
INTERNATIONAL KINDERGARTEN UNION
FOR THE ADVANCEMENT OF
NURSERY-KINDERGARTEN-PRIMARY EDUCATION

2

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CHILDHOOD EDUCATION, official organ of the *International Kindergarten Union* and the *National Council of Primary Education*, advances nursery-kindergarten-primary education by presenting:

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All who are interested in childhood education from its special classroom problems to its national and international aspects are interested in CHILDHOOD EDUCATION, the *Journal of the International Kindergarten Union for the Advancement of Nursery-Kindergarten-Primary Education*.

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*Courtesy of Mrs. H. P. Cramer, Portland Study Chapter
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THE INFECTIOUS HAPPINESS OF HEALTHY CHILDREN

Not Days of Woe

THE eighteenth century lament of Southey, "The days of childhood are but days of woe" fails of validity in this machine age of today. Paradoxical as it may seem, this industrial life of ours with its tendencies to exalt material things is characterized by a real interest in the development and welfare of children. Now, as never before, children are the center of the universe, and a highly intelligent social effort in public schools, kindergartens, and nursery schools, together with a host of agencies, both private and public, seek constantly to push back every hereditary or environmental barrier. The modern effort to make available an adequate opportunity for the development of the best in children is not typical of "days of woe" for them, but of days of happiness and accomplishment.

To provide this adequate opportunity is a real problem; but the mood of the day is intensely practical. There is a disposition to discern the fundamental, to avoid a traditional or superficial view. "What is basic in this problem of providing adequate opportunity for the best development of children?" is the question asked. Whereas earlier efforts at children's education were concerned chiefly with ability to read the Scriptures so that Heaven could be assured for all, and later efforts with writing and arithmetic added to reading so that the economic man of the nineteenth century could be substantiated, the present day emphasis upon how to live at one's best has out-ranked the others in the judgment of many.

Similarly, an earlier generation would have been content to speculate on the old proverb, "Health is better than wealth," but this generation asks "How" and "When," and proposes to interpret such wisdom in the actual living of it. In this emphasis upon practical problems of how to live and within a span of less than ten years, the significance of health in a child's education has attained a new valuation. Over and beyond many of the traditional values of the curriculum the basic character of health in relation to living gains new meaning.

And yet to one in touch with various aspects of health education in the schools, there are signs of serious problems that arise out of conventional ways of looking at health as a subject of instruction.

The most obvious lack in health teaching in the schools is the procedure that substitutes knowledge about health for actual hygienic living. In any final analysis of contributory factors to health aside from hereditary influences, it is perfectly clear that health is not something to be learned, to be recited, to talk about extensively; on the contrary it represents actual living. Health flows from life activities and life experiences. Teaching of health knowledge in schools that are overheated, poorly organized in play and work schedules, by teachers who are irritable, over-stimulating, too optimistic, or too pessimistic provides unfavorable experiences. The bringing of nutrition, clothing, and vocational activities into the school is on the whole offering more desirable experiences. And the teaching of hygiene has many rich possi-

bilities in formation of habits, development of skills, and acquirement of attitudes, but it should not be forgotten that, aside from heredity, the health that children have flows from the way they live. Health knowledge plays a minor part; the whole life of the child in school and at home is the major consideration.

In the second place, the concept of health must be broad enough to include more than the physical. Some are inclined to constrict the view, to think of health only in terms of teeth, food, bathing, and fresh air. The mental and social aspects of health are in many ways more important than the physical. Concentration on the physical twists and warps the meaning of life, shrinks values, and has little enduring quality. Health, it should be remembered, is significant primarily with respect to the way it is used. It is not an end in itself but only an important means that gives power to live fully and to serve finely.

If we are to provide opportunities for the best development of children, we shall have to make sure, as far as we can, that we are not making healthier rascals. Health, strength, power, and vitality are essentials for the individual and for society, but they are not usually valid objectives and are not attained or maintained by talking about them. They come from life experiences and are to serve enduring and worthwhile human qualities.

JESSE FEIRING WILLIAMS, M.D.

The Place of Nutrition in Childhood Education

LOUISE STANLEY

Bureau of Home Economics, United States Department of Agriculture

NUTRITION is the science of food choice. Recent studies emphasize as never before the relation of well-balanced diet to normal physical development, maintenance of health, and wholesome childhood.

Food habits begun during childhood tend to persist. Bad food habits not only make things harder for the child, but may lay the foundation for ill health in later life. The ways to prevent malnutrition are known. This knowledge is now being reduced to terms of simple practices. The duty of the teacher is to see that these practices are followed. One correct practice is worth ten theories learned.

A picture comes to me of last summer out in a western forest reserve. A child of six ran out to meet us, small for her age, with typical signs of undernourishment. An appraising glance and a question were sufficient to start the recital:

"Yes, I should drink a quart of milk a day, and I should eat vegetables, and I should not eat candy 'cept after meals." On she chattered like a parrot. She had learned her health rules, but obviously she had not practiced them.

Perhaps you are thinking, how do we know? Food is not all of it. Inheritance plays an important part too. Probably this child's mother and grandmother were both thin and nervous. So they may have been, but studies with animals are commencing to show that much which has been laid to inheritance can be traced to food. We can experiment with animals; we can not with children.

The two rats in figure 1 were from the same family. In fact they were from the same litter and were the same age at the time the photographs were made. You might even say they had eaten at the same table, since the same basal diet was provided, a diet which was planned

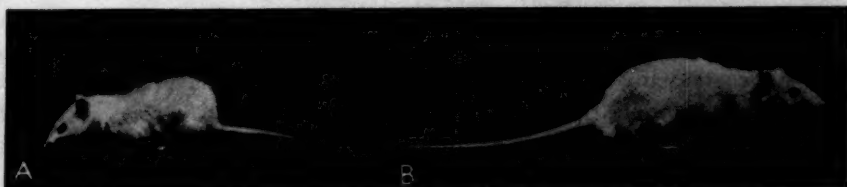


FIG. 1. TWO RATS FROM THE SAME LITTER

They are 20 weeks old and for 16 weeks have eaten a (basal) diet similar to that used in many American homes. In addition A had no other food while B ate milk and some vegetables each day.

to be similar to the average American diet, omitting, however, as some children do, milk and vegetables. The second rat was given, in addition to this basal diet, milk and vegetables, and he ate them. You see the difference.

Many of our foods have been studied in detail. The absence of certain food constituents results in diseased conditions of various kinds. Very small amounts of certain foods make the difference between normal and stunted growth. The two rats shown in figure 2 illustrate one of these deficiencies. These rats also were from the same litter, therefore had the same inheritance, were the same

larger quantity of lettuce, in proportion to his weight.

These experiments help explain why one child in the family may differ so much from the others. We say John is tall and lanky like his father or perhaps Mary is colorless and anaemic looking like her Aunt Kate. There is seemingly no other reason why they are not rosy and husky like Jane. They have the same inheritance; they eat at the same table. A close examination, however, usually shows that John does not like milk and Mary does not eat green vegetables. Physical conditions credited to inheritance may be traced



FIG. 2. TWO RATS FROM THE SAME LITTER PHOTOGRAPHED AT THE AGE OF 12½ WEEKS

During 8½ weeks they have eaten a diet containing all food constituents except vitamin A. A. In addition, Rat A had no other food while Rat B had daily a small piece of green lettuce which supplied the necessary vitamin A.

age when these photographs were made, and were fed the same basal diet. One rat is smaller, and if you will examine closely you will see has a badly inflamed eye, while the eye of the other rat is bright and clear. The only difference in the diets of these two rats was that one did not contain any of the substance called vitamin A, while the other did. A piece of green lettuce about the size of a thumb nail given every day to a rat will supply enough vitamin A to prevent this eye condition from developing, when used in conjunction with a basal diet containing no vitamin A. A person, of course, would have to eat a

to food habits acquired rather than inherited from admired relatives.

Children are impressed by animal demonstrations, but they do not always make the application to themselves. Two small boys were taken out to dinner in Chicago recently. They both chanted with apparently equal understanding and much emphasis: "The rat that drank milk grew. The rat that had no milk didn't grow." At the end of the meal, however, only one boy's glass of milk was empty; the other was carried away untouched.

The response of the East Side mother might be reversed. You know the

story. Sam came home with a note from teacher stating that a bath was desirable and suggesting the reason in very plain language. Sam went back without the bath and with the following note: "Dear Teacher: I didn't send Sam to school to be smelled, but to be learned. Learn him, don't smell him."

considered largely the mother's responsibility, the grade and kindergarten teachers have a part to play. They both may have the help of specialists in suggesting practices that should be developed. It is the teacher who has closest touch with the mother and can tell her of nutrition agencies and aid in coordinat-



MALNUTRITION PLACES A HEAVY HANDICAP

The admonition in this case might well be "Don't learn him nutrition. See that he practises it."

Frankly, there is a feeling that too much effort has been put into learning nutrition and not enough into developing correct nutrition practice. Establishing basic health habits is a part of the education of the child. While this is

ing the home and school program for better nutrition.

In order to do her part the teacher should have clearly before her the picture of a well-nourished child. Health and nutrition, we know, cannot be measured by weight or by height, or even by both. More detailed measures are needed. Probably the best discussion

of this now available is in the bulletin of the American Child Health Association, entitled "Signs of Health in Child-

gram should be informal, positive, and regular. Positive health standards should be set for children and as some-



GOOD NUTRITION CARRIES THEM RIGHT UP THE LADDER

hood," by Dr. Chaplin and Dr. Strecker. Every nursery and kindergarten teacher should have this. The educational pro-

thing much to be desired. Let's talk health, not defects.

The child must be made to realize his

own responsibility in attaining health, especially as it has to do with the establishment of food habits. There are certain things that other people can do for him, but when it comes to eating nicely and quickly the food served, this is the child's job with only such guidance and encouragement as he would need in the establishment of other physical habits. That is a home problem, perhaps you are thinking. Yes, it is, but the teacher can have a great influence.

The school lunch offers an opportunity for overcoming difficulties and establishing correct habits under fairly ideal conditions. The children work together on this, and the group spirit

carries over many difficult situations. Too much emphasis should not be placed on what should be done, but there should be a spirit of expectancy that it will be done and no exceptions allowed. If added to this, close touch is kept with the mother, the habit-training program may be made coöperative.

The keynote of present-day education of young children indicates that the teacher must do more than instill knowledge. She really is building up life patterns in the child. One of these patterns is the right attitude toward food choice and the development of proper food habits. This is the tendency to develop in nutrition work in the schools.

• *Let One Hundred Million Americans Unite for Child Health*

By WALTER DAMROSCH
America's Great Musician

The field that child health workers are so valiantly trying to cover is so enormous that for its success the support of every father, mother, uncle and aunt in the United States is necessary. To carry it through successfully would mean for the country districts, better medical attention, and better educational facilities; for the cities, better housing conditions and opportunities for fresh air and outdoor recreations. If the one hundred million inhabitants of the United States were all to unite, something could be accomplished.

—AMERICAN CHILD HEALTH NEWS

The Importance of Posture

ELIZABETH RANDOLPH SHIRLEY

Children's Bureau

U. S. Department of Labor, Washington, D. C.

THE days when posture training was confined to such parental injunctions as "Johnny, sit up straight!" or "Mary, hold your head up!" are rapidly passing. Even the gymnastic exercises given in the schools are no longer considered adequate, and the newer knowledge of the relation of posture to good health has revealed the importance of posture training for the very young child.

The Army examinations during the World War, the source of so many startling revelations, showed very definitely that posture has not been taught correctly in the family, at school, or by the medical profession as a whole, a fact which proves that without training, poor posture is not outgrown.

The human body functions in an upright position. Many forces tend, however, to disturb this position and thus distort the body. When, after infancy, the child learns to stand and walk, the transition from the supine and prone to the upright position strains the framework of the body, and the result, sooner or later, may be complete or partial exhaustion of the postural muscles. This causes the ribs to descend and the entire body to droop; a tendency which increases with age. Defects in posture noted in small children of school age are duplicated in college students and vice versa, and despite the physical

training work given in many of our schools—training which, unfortunately, is not always based on a real knowledge of body mechanics and is, therefore, nearly useless—poor posture is much more prevalent than good posture.

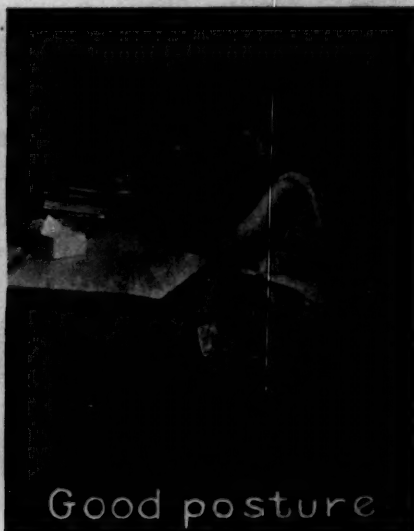
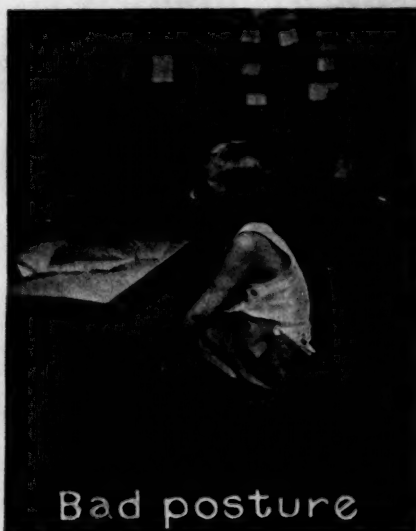
The schools have played an important part in teaching good health habits. There would seem to be no good reason why posture training should not receive the attention given to nutrition work, toothbrush drills, and similar activities destined to promote the physical well-being of the school child. Bacteria, foods, and poisons have had a major share of the attention of the medical and public health professions and the knowledge so gained has been of inestimable benefit in lessening resulting diseases. The subject of posture has not received enough attention, although insomnia, poor or capricious appetite—so often a problem among children—backaches, constipation, pains in the chest and limbs may be due indirectly to poor posture with its waste of energy and consequent bodily fatigue.

A practical demonstration of the methods and results of the teaching of posture in the public schools was conducted by the Children's Bureau of the United States Department of Labor in Chelsea, Mass., under the direction of Dr. Armin Klein, director of the posture clinic of the Massachusetts Hospital.

In the course of this study the children of one room in each grade were given special posture training and a record which included a physical examination at the beginning and at the end of the school year, monthly weight and height measurements, scholarship and deportment grades, and the number of absences due to illness in each school quarter was kept for each child. Similar records were kept for each child in

vacation. After two years, 87 per cent of the trained children had improved their posture, in contrast to one-tenth of those in the control classes who improved, one-half whose posture did not change, and one-third whose posture was worse at the end of two years.

The exercises by means of which posture is taught to children in school are described in the bulletin "Posture Exercises" written for the Children's



other rooms where only the usual gymnastic exercises of the school were given. Complete records were thus obtained for 1,706 children, 961 with posture training and 747 in the control classes.

Before any posture training was given nine-tenths of the children receiving special posture training had improved their posture, and three-fifths of those whose posture improved during this first year's training, maintained or improved their posture during the summer

Bureau by Armin Klein and Leah C. Thomas, director of the corrective gymnasium at Smith College. The exercises are arranged in progressive groups or lessons and are accompanied by silhouettes illustrating proper posture standards for boys and girls of the thin, intermediate, and stocky types of build. Four standards, excellent, good, poor and bad, graded A, B, C, and D, respectively, are given for each type. This classification gives an appreciation of the severity of body defects that the

child must overcome to improve his posture and enables the teacher to judge which groups of children, other things being equal, will take longer to learn

difficult to train than the others and will require more patience and understanding on the part of the teacher.

According to Dr. Klein, the organiza-

POSTURE STANDARDS

Thin-Type Girls

Excellent Good

Poor Bad



A



B



C



D

EXCELLENT POSTURE

1. Head up—chin in (head balanced above shoulders, hips, and ankles)
2. Chest up (breast bone the part of body farthest forward)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

GOOD POSTURE

1. Head slightly forward.
2. Chest slightly lowered.
3. Lower abdomen in (but not flat)
4. Back curves slightly increased.

POOR POSTURE

1. Head forward.
2. Chest flat.
3. Abdomen relaxed (part of body farthest forward)
4. Back curves exaggerated.

BAD POSTURE

1. Head markedly forward.
2. Chest depressed (sunk)
3. Abdomen completely relaxed and protruberant.
4. Back curves extremely exaggerated

Children's Bureau, United States Department of Labor, Washington, D.C., 1926.

and to maintain a correct attitude. A child with a D rating has further to go than a child with a C rating, and a child of the thin type of build will be more

tion which will obtain the best results in posture training in the grade schools should consist of an orthopedist, supervising physical-education teachers and

the grade teachers. If the grade teacher must work alone, however, posture work should be undertaken only after she has become familiar with the fundamental

They teach posture daily to their children. The period of formal instruction may be only ten minutes each day. The grade teachers, however, watch the

POSTURE STANDARDS

Stocky-Type Boys

Excellent Good

Poor Bad



A



B



C



D

EXCELLENT POSTURE

1. Head up—chin in (Head balanced above shoulders, hips, and ankles)
2. Chest up (Breast bone the part of body farthest forward)
3. Lower abdomen in, and flat.
4. Back curves within normal limits.

GOOD POSTURE

1. Head slightly forward.
2. Chest slightly lowered.
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1. Head markedly forward.
2. Chest depressed (sunk)
3. Abdomen completely relaxed and protruberant.
4. Back curves extremely exaggerated.

Children's Bureau, United States Department of Labor, Washington, D.C., 1925.

principles and the exercises by personal instruction or thorough study. The grade teachers are the most important persons in the entire organization.

attitudes of the children during the entire day to see that they use their bodies correctly. It is the teacher who shows the child his silhouette or profile

photograph and points out the defects of his body carriage. She shows him the mechanically correct position of the body, the "A" posture and encourages him to try to acquire it.

A good way to stimulate the child's interest is by making a silhouette drawing of him and comparing it with the "A" standard. For this "silhouette-camera" may be used (the camera advocated by Norman Fradd is mentioned by Dr. Klein in his bulletin on "Posture Exercises") or an improvised schematograph may be made by taking an old square-case camera, replacing the top with a piece of glass and placing a mirror in the film chamber, directly back of the lens, at an angle of 45° to the bottom of the case. When an undressed patient is placed in front of the camera, with the side of his body toward the lens and with the lights shining on the front and back of him, a piece of tissue paper placed on the new glass top of the camera would show the image of the patient as reflected by the mirror below. The contour of the image when traced on the paper would give a graphic record of the body contour. A tracing of this record as a pattern on black paper and then cut from the black paper on the outline, would give as a final result a black silhouette.

The fundamentals of posture can be taught in the lower grades (perhaps made more attractive with games and story plays) and then continued through the upper grades with gradual advancement of technique.

Different children may take different periods of time to learn correct posture, partly because individuals differ in their degree of faulty posture and in their ability to coordinate their muscular efforts. Then, as already pointed out, the difference in type of build also plays a large part in the child's ability to correct his defective posture readily. According to Dr. Klein, posture instruction will be received with greatest benefit by children between the ages of 7 and 10 as the child is then in a most receptive and pliable stage and has achieved the power to coordinate mind and body, a most important factor in posture work.

Since instruction in the intelligent care and training of the body will be most effective if begun when the child is very young, and if given to large groups, it is logical that such instruction should have a recognized place in the curriculum of the school. Education will then include in its aims the correct use of the body as well as of the mind. The program of the future is so to train the individual from early life as to prevent many of the present ailments which are due to faulty posture.

The two charts attached may be used "as is" in reduced size, or the title, "Posture Standards, Thin Type Girls," and "Posture Standards, Stocky-Type Boys," and the footnote "Children's Bureau, United States Department of Labor, Washington, D. C., may be omitted and less space allowed between the "Excellent, Good" and "Poor, Bad" pictures so that the material can be reproduced in actual size.

THE TEN COMMANDMENTS OF GOOD POSTURE: 1. Stand tall. 2. Sit tall. 3. Walk tall and "chesty" with weight transmitted to balls of feet. 4. Draw in abdomen, pulling it backward and upward. 5. Keep shoulders high and square. 6. Pull chin straight toward collar button. 7. Flatten hollow of back by rolling pelvis downward and backward. 8. Separate shoulders from hips as far as possible. 9. Lie tall and flat. 10. Think tall.

—HYGEIA

Preschool Health Problems

EDNA NOBLE WHITE

Director, Merrill-Palmer School

THE children of the Merrill-Palmer nursery school come for the most part from middle class families and have not suffered from poverty and its handicaps. They do, however, present health problems that are of interest to parents and health workers and the solution of their problems may be of assistance to other groups interested in the health education of the preschool child. We recognize, of course, that the health education of the preschool child is only one aspect of the whole child health problem, but since both the child and the parent are younger, health education at this time offers greater promise than at a later time, simply because it is preventive rather than remedial.

Our problem is a double one, involving both the child and the parent, since the health problem of the infant and the preschool child cannot be solved without the cooperation and understanding of the parent. It must always be remembered that education of the parent involves not only giving him information about the child, but also giving it in such a way that it changes his attitudes and practices, a much more difficult task. In the case of the child, one must arouse his interest in his own health, giving him at the same time a few simple facts within his comprehension and seeing also that proper health habits are formed.

With the parent, the first problem is to

help him understand the child and his problems. The child must be recognized as a unified organism, with all phases of his health—mental, physical, and social—interrelated. For both the parent and those who study children, as we do, this means that it is necessary to think in terms of an all-around program.

In order to secure the information necessary for an all-around health program with preschool children, one must have the services of specialists of various types, and, moreover, in order that the findings of these specialists shall present an all-around picture of the child, they must be integrated. Now, such service is expensive, and it is therefore desirable that group service be developed for parents and the expense thus reduced by "pooling." In this way the service of these child health specialists is made available to parents for whom the expense would otherwise be prohibitive. The nursery school is one type of agency offering this service to parents, though it is not the only one. It represents a rather recent development, and since its program depends upon the information secured and integrated by specialists, it is one of the most efficient agencies.

In the nursery school, we attempt to express the findings of the specialists in terms of growth and development, that is, in terms of positive health teaching.

In the field of physical growth and

development, the specialists include the physician, the nutritionist, the physiotherapist, and the dentist. It is not easy to secure specialists with the right viewpoint. The physician usually thinks in terms of sick children, and the training of the other specialists is usually in the direction of remedial rather than preventive programs. Very often, then, it is necessary to give these people a period of training with normal children. The specialists of the physical growth and development staff secure their findings from physical examinations of the child, routine laboratory tests, records kept at the school, and records kept by the parents. It is very desirable to have the cooperation of parents in record keeping, since it emphasizes in their minds important points and procedures and makes them more objective in their observations of their children.

The study of the child's mental growth and development includes the study of his mental level, character traits, and habit formation. The specialists in this field also have usually been trained to observe the supernormal and subnormal rather than the normal, and must often change their point of view.

The problem of determining the mental level of preschool children is a difficult one, and requires special training. Our methods at present are crude and need much development. They are far less developed than those for determining the physical status of the child. At the same time, determining the mental level of the little child has become increasingly important in cases of adoption. Methods for determining character traits are also greatly in need of development. Since this mental health problem is much less well understood than the physical, I asked one of our

staff people to suggest a number of questions in this field that parents should be able to answer regarding their children. I will indicate a few of these, which do not, of course, cover the field, but merely suggest trends:

What aspects of the child's environment affect his rate of mental growth? What changes in environment might produce a more favorable growth? What types of educational equipment that will help to secure a well-balanced mental development can the average home provide? And so on.

If parents had such information as this they could work much more intelligently in developing right attitudes and right character traits in their children.

From the viewpoint of social health, such problems as the inculcation of right attitudes toward authority, affection, reality, sportsmanship, and many others, need development. Much can be done in this field with preschool children, and these early attitudes carry through life.

In the educational field a great variety of problems arise, needing the services of skilled teachers as much as do those of children of school age. It is necessary to provide first as rich an environment as possible, so that the child may select from it the activities that will best develop him. During the preschool age, for example, the child develops motor controls, vocabulary, and appreciation of color, form, and music. A trained teacher, observing the child, may give him enough guidance to develop his individual abilities, without imposing upon him the adult point of view. Teachers accustomed to dealing with preschool children are able to secure a response and attitude on the part of the child that persists and become habitual.

Institutions such as ours, interested in

the best possible development of individual children, soon find themselves limited by the small amount of reliable information available, and find it necessary to set up programs of research. At present, a considerable number of such programs are being developed in various parts of the country. Of the institutions carrying on such research, the Merrill-Palmer School is one. In general, as pointed out by Dr. Anderson of Minnesota, the plan of these child welfare research institutions follows the principle developed by the Government in agriculture—an experimental project combined with an extension plan of education. The educational program is intended for parents especially, but includes also nurses, teachers, social workers, and others who come in contact with children and need to understand the problems of parents.

These research programs vary with the institution. As an illustration of such a program, I should like to suggest the type of studies we are carrying on at the Merrill-Palmer School.

In the field of physical growth and development, we have compiled our own standards of weight and height for preschool children, on the basis of records extending over a little more than five years. We have also a considerable qualitative list of accompanying physical conditions.

Food problems are very important in the preschool years. We have been interested in methods of securing the cooperation of the children and have had considerable success in increasing food consumption, even with the "non-appetite" children, of which we have had quite a number. The problem of increasing the amount of food eaten at the school is simple as compared with

that of increasing the amount eaten at home. The child must be given an idea that carries over to the home. The parents report that we have been quite successful in educating the child and changing his attitude in these matters.

In our nutrition research laboratory, we have been working on the problem of human milk in relation to child health. Four articles on this project appeared in the May, 1927, issue of the *Journal of Biological Chemistry*.

We have studied also the problem of what constitutes normal sleep in young children. In this study the parents have made a very definite contribution.

Studies are being made of the quantity, weight, and type of clothing worn by our children, and types of clothing simple enough to enable young children to be independent in caring for themselves are being worked out.

The measurement of posture in little children is one of the most difficult problems to be solved. We have been working on it for some time.

Outstanding problems in detail development are those of arch development, tooth eruption, and malformations. Corrective work in dentistry is widely regarded as necessary, but at the preschool age there are questions of the kind of corrections to be made and how far they are desirable, since some malformations correct themselves. A special study of the growth and development of the jaws of normal children, the functioning of the temporary teeth, and the changes in the mouth during the replacing of the temporary teeth by the permanent set, has been made by two Detroit dentists working in cooperation with the school.

We are making community study of the school children on Grosse Ile, an

island near Detroit, where environmental conditions are unusually favorable. The number of children on the island is limited, so we have been able to make an intensive study. Over a three-year period the entire regime of each of these children has been studied, in order to determine as far as possible the kind of child produced by such a regime. We probably have as complete a study of this kind as has been made. A preliminary report is now being prepared.

In the field of mental growth and development, we are studying methods of testing the mental levels of preschool children, and will soon have a bulletin on the results of this study.

We are trying to follow the development of our children after they leave the school, to determine whether children who have had the training given at the school really do develop more satisfactory than those who do not. Such a question cannot, of course, be answered for many years. Before it can be answered, we must follow the development of a great many of our children and compare them with others from similar families and conditions who have not attended such a school. This we hope to do.

In the educational field, studies of vocabularies, play and other activities, stories, and so on, are in progress. Until we have more accurate information about these activities we cannot set up really scientific, educational programs for preschool children. We have had an interesting study of the child's art expression. An exhibit of the paintings of the children, made with no direction, at such times as they wished to make

them upon the paper and with the colors left about for their use, was arranged last year.

In parental education, we hope to develop for the parents better techniques of teaching the child such activities as are suited to his age.

All of this will indicate the wide range of inquiry necessary and the very small amount of real information we have to work with.

Leslie Marston, Secretary of the Child Development Committee of the National Research Council, compiled and published in March of this year a bibliography of research in child development. It included the titles of contributions from the fields of anthropology, anatomy, pathology, bacteriology, genetics, nutrition, orthopedics, pediatrics, physiology, psychology, psychopathology, biochemistry, and zoology. Nor is this a complete list; but the fact that pertinent material was suggested from each of these fields indicates the possibilities and the breadth of interest in the field of child health and development.

The wide range of inquiry and the increasing development of centers of research lead us to hope that we may be able later to set up much more definitely the health needs and problems of preschool children. The extension activities of the groups connected with research centers will make it possible to carry our knowledge to the parents of preschool children and so, by the application of our knowledge, to produce better children. It means cooperative and coordinated effort on the part of all the groups of workers in this field.

Healthful Recreation

ETHEL PERRIN

Staff Associate, American Child Health Association

A SCHOOL without a playground may be an intellectual sweatshop or it may be an intellectual delicatessen shop: it cannot be a real educational workshop.¹ In order to see the connection between an educational workshop and healthful recreation, we must accept the broad definition given in the report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, "Health Education can be promoted only by emphasizing all aspects of health—physical, mental, social, moral. The teacher of health should look for normal development of the child from all of these points of view. The ideal of health is not mere freedom from obvious deformities and pathological symptoms. It is the realization of the highest physical, mental, and spiritual possibilities of the individual."

Most schools are equipped with play spaces because educators are convinced that such spaces add to the healthful environment of the school and that there is educational value in play, but an analysis of the best use of a playground in order to bring about the desired results may prove of value both to the school administrators and to the teacher who conducts the play activities.

The appearance of a playground may

be deceptive. If we are to judge of the value of play for a school child who is supposedly suffering from too much school room confinement, we look first for muscular action, or as the term goes "big muscle activity." As we make our first observation, we may see a space full of children, all on their feet and all apparently interested, but two children may be running while twenty stand in a circle and watch, or a relay race may be in progress with twenty in line, while one child runs. If the play space is large and the circles and lines many, we see many children running, but our attention is taken by those in motion and we forget to count the children who are standing still. And furthermore, if we counted the number of times each child ran or if we used a stop watch and calculated the minutes of exercise for one child during the whole play period, we would come nearer to an estimate of the value of the period as counted by big muscle activity, and we would be surprised to find what a small amount of actual exercise each child really gets. If what we want is a chance for every child to run, or jump, or throw, or catch, or bat, or climb, we must never put so many on the ground at one time that this is impossible. Then, having enough space for every child to do something in, we must first select the various activities that lend themselves to group rather than individual activity. For

¹ United States Bureau of Education.

instance, if a circle formation is advisable, the game called "Charlie Over the Water" is superior to "Drop the Handkerchief" because only "Charlie" stands still, while the circle moves around him singing a tantalizing ditty, ending with "can't catch me," and at the last word, every child in the circle squats as quickly as possible, while "Charlie" dashes to tag a slow one before he is down. Compare the action in this with the action when

freedom and exercise. Relay races are a great temptation to the schoolroom teacher because they necessitate the straight lines and orderly procedure, with which she is familiar and have the added advantage of stimulating great enthusiasm among pupils because of the excitement from intense competition. Observe nervous, high strung children during one of these exciting team games and then observe them playing games



ON TO HEALTH AND HAPPINESS!

Reproduced from "Rhythms and Dances for Elementary School" by Dorothy La Salle. A. S. Barnes, New York, 1926.

one child chases one more, while the ring stands still. There are not many ring games which give much opportunity for maximum exercise but because of the ease of organization and the small space they occupy, teachers resort to them and children obediently submit.

The idea of breaking a large group into smaller groups, as demonstrated by many small rings, is right, but we can improve on this by selecting activities which give a greater opportunity for

which give opportunities for a child to use his imagination and show his own individuality, rather than follow a pattern set up by an adult. Small children enjoy trying to do something all by themselves, and doing it over and over until they can do it a little better than the next child. It is the show off age, not the team or group spirit age, and advantage should be taken of this individualistic tendency by guiding the child toward good muscular develop-

ment and control through skilled performance. Stunts, such as Somersaults, The Top, Tip Up, Cartwheel, Head Stand, Dog Run, are examples of individual stunts for any child to work at, while stunts needing two or more children are legion, such as Wheel Barrow, Snake, Centipede, Elephant Walk, etc.

The squad or organized free play method of organization is excellent because it works well if many children must use a small space, it gives maximum opportunity for big muscle activity, and it leads to self-direction and self-appraisal on the part of the children. When this plan is working to best advantage, you see groups of not over six or eight, sometimes from twelve to fifteen such groups, on one playground or in one gymnasium, all busily working under their own leadership; balls may be rolling in all directions, but each group is too intent on its own affairs to lose track of its own ball, or to care what any other group is doing and it all seems perfectly orderly to the children. Every five or six minutes there is a signal from the teacher, (if the program happens to be an indoor one, a chord from the piano is a far more pleasant signal than a blast from a whistle) and all squads change activities by moving to another spot. The teacher is ready to give assistance wherever it is needed and when the time comes for general discussion or announcement, at a different signal, the children all sit down wherever they are, ready to listen. Easily they can be turned into one group for a general activity, either rhythmical or a mass game. There are many steps leading up to the ideal squad program, for freedom is apt to turn into license unless children are carefully guided. At first, the squads are larger and fewer

in number, the organization is more formal, changes of squads being made by marching in lines and the activities selected are those least apt to lead to confusion.

There are certain criteria by which a principal, a supervisor, or a teacher may make a partial estimate of the success of such a lesson. An excellent and detailed set of such criteria has been printed in a book called *Play Activities for Elementary Schools*.² They contain such items as the following: Do the children come into the playground, or into the playroom, as the case may be, with a definite idea of what they wish to do and do they get under way with the least possible loss of time? There is an opportunity for a difference of opinion as to what constitutes loss of time. If everything is carried out with clocklike precision according to the plan of the teacher, there may be more actual exercise during the period than when the children do some thinking and planning for themselves. For instance, all playthings may have been placed ready for use before the children arrive and the floor may be marked out in circles and lines for the children to find their places by. This may increase the opportunity for physical health, but returning to our definition of Health Education, it loses sight of the mental and social development coming from self-direction. To the teacher used to a very orderly type of play program, an apparently disorderly arrangement may appear all wrong. Before final judgment, however, the performance of the individual child should be studied, rather than the appearance of the group as a whole. An observer wishing to make a

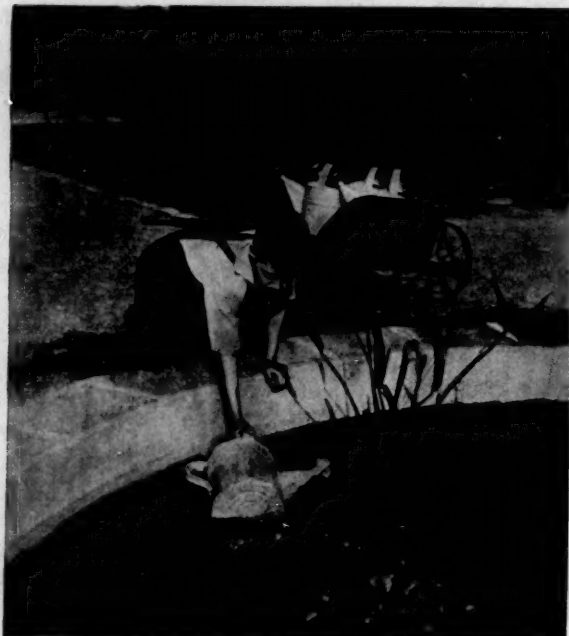
² By Dorothy Lasalle. A. S. Barnes Company, New York.

constructive appraisal should be able to distinguish between an imposed machine-like play program and one planned for the mental and social development of the children, as well as for the physical.

Is the space used to the best advantage? is another definite point for observation. We sometimes see a teacher

play hour be theirs rather than the teacher's.

Look for whole hearted participation. Surely you have seen children marching around and singing drawling tunes while their eyes showed anything but interest in what they were doing. Listen and analyze the noise. Is it from over-excitement as evidenced by non-useful



HEALTH GROWS IN THE GARDEN

Reproduced from "The Goal of May Day—A Year-Round Program" published by the American Child Health Association, New York. 1927.

duplicating her school-room formation,—it is so easy for the children to stand on the playground in the same relation to each other as they sit in the school-room—and thus using a small portion of the ground, instead of spreading out as far as possible. The best use of space takes much careful planning and often the children's ideas are better than the teacher's. Above all things, let the

screaming or is there none at all as a result of suppression? There should be a busy noise coming from useful participation, such as the giving of directions approval of performance, or happy laughter? A true observer soon distinguishes these sounds.

There are so many definite ways to judge of the success of an activity program that only a few suggestions can be

included, but two of the most important items for observation are directly connected with health. Are the hygienic conditions as perfect as possible and is the health status of the children taken into consideration? There are many ramifications of these two topics but the following questions are illustrative: when children perform stunts on the mats, or when they play out of doors, are they breathing in dust? Are children so grouped in the squads that the competition in accomplishment is fair to all? Under the heading "Social Growth" we may well ask the two following questions: can a child win

without undue, visible rejoicing? Can he lose without grumbling, without alibis, and without accusing opponents of unfair play?

Occasionally, we see children on the school playground who need to rest by lying down in the sun or playing a quiet type of sitting game, or for whom a half hour of work in the garden would be of greater interest and benefit at the time than any other kind of play program. Study the special needs of every child, adjust the program and the environment as cleverly as possible, and then make a frequent, very definite check upon results.

IN THE MARCH ISSUE

FRANK McMURRAY, Scarborough School

ALICE TEMPLE, University of Chicago

JAMES TIPPITT, Lincoln School of Teachers College

OLIVE GRAY, Assistant Supt. City Schools, Hutchinson, Kans.

ELEANOR M. JOHNSON, Director Elementary Education,
York, Pa.

HATTIE S. PARROTT, Assistant Supervisor Rural Schools,
Raleigh, N. C.

ANNIE JUDITH BLANCHARD, Supervisor Early Elementary
Education, Grand Rapids, Mich.

See what they say about Supervision!

ALSO

EUGENIA ECKFORD, Tower Hill School

Art As It Functions is the theme of her well-illustrated article.

Games for Kindergarten, First, and Second Grades

ROBERTA HEMINGWAY

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THE word "game" implying as it does some form of organization may scarcely be applied to any play activities of very young children. In the nursery school we find the nearest approach to games in a spontaneous response to rhythm. Examples of this type of individual play which have been observed are rocking the doll to the rhythm of "Sleep Baby Sleep," stepping in time to the words of "Jog, Jog, Jog" and playing the old nursery play of "Pat-a-cake."

In the kindergarten we find small groups of children tending somewhat to organize their plays and experiences into games, while primary grade children feel and express a growing need for a more fixed game form as well as greater variety in the games they play.

True physical, mental, and social growth comes with each game in proportion to the share which children have in making their spontaneous play activities into organized games and the zest with which they go about it. These games seem to fall naturally into three overlapping classes—those primarily active, those which contain an element of surprise, or hiding and finding, and games in which the appeal is largely dramatic. A typical example of each class is given below, showing how a

game has been developed in the kindergarten from simple play activities. Suggestions are also given for variations and added problems likely to arise when the game is developed by primary children. The same steps will perhaps be necessary, but older children under wise leadership will pass more readily to each higher level.

ACTIVITY GAME

Basket Ball

Two boys whose older brothers had talked much of basket ball brought a large scrap basket to the center of the floor and attempted to bounce into it a six-inch rubber ball. Two children joined them actively while several looked on. The play was later discussed at a group meeting where suggestions were offered by children and teacher. These suggestions were tried out and certain ones accepted.

The following day when the boys again started this play the teacher invited all who wished to join the group. Gradually as the number of children increased and the need was felt, the following rules were made. Since these rules were made by the children they were understood and adhered to.

1. Empty the scraps into another basket before beginning to play.

2. Bounce the ball. If you throw it the basket will fall over.
3. Draw a mark on the floor on which the basket shall stand.
4. Draw a mark on the floor on which the player shall stand. (As skill increases make the distance greater.)
5. Since many children want a turn three trials are sufficient for each player.
6. When the ball rolls away pick it up and hold it for the child who is playing. He will come for it.
7. When you have had your turn give the ball to another child.

Possible Variations and Increased Problems

For First Grade

1. Use a smaller basket.
2. Stand farther from the basket.
3. Reduce the number of trials.
4. Divide the group into two or more competing teams.
5. One child keeps score for each team.

For Second Grade

1. Use a real basket ball. Have basket fastened to the wall.
2. Throw the ball into the basket from a stated distance.
3. Divide the children into teams, each member of a team playing in succession.
4. Children keep score for teams.

Or

Throw the basket ball toward line running parallel with the throwing line at a distance of 12, 18, and 27 feet. Divide players into teams, each player having one turn. Score as the group decides or as suggested here:

Score 1 for each throw between 12- to 18-foot line

Score 3 for each throw between 18- to 27-foot line

Score 5 for each throw beyond the 27-foot line

HIDING AND PLAYING GAMES

Hide the Elephant

This game was started in the kindergarten by a pair of exceedingly immature twins whose interest in the Schoenhut circus elephant was keen. One day the elephant was missing. The twins started on a search, one following the other about the room. Soon interest shifted to the search and when the elephant was discovered the twins asked a third child to hide from them. This play was repeated again and again. Other children joined them and a larger group play resulted. These rules were made by the children in the following order:

1. One child hides the elephant.
2. Two children, chosen by the last winner, go back of the screen or into an adjoining room while child is hiding the elephant (keeping the eyes closed is too great a demand on young children and invites cheating).
3. The child who finds it may hide it next.
4. It must be hidden in the room.
5. Try to find a new hiding place each time.

Usually this game would start with one child hunting.

Possible Variations and Increased Problems

For First Grade

1. Hide a smaller object.

2. Find a more difficult hiding place.
3. "Hide the thimble" (added element of group guidance through loud and soft voices or murmuring "cold," "warm," and "hot").

For Second Grade

Huckle Buckle Beanstalk (see Bancroft's *Games for the Playground, Home, School, and Gymnasium*).

One child hides thimble, spool, or other small objects in a difficult place but in plain sight. The entire group hunts and each player takes his seat when he sees the object, saying, "Huckle Buckle Beanstalk." When all have taken their seats the first child to find the object hides it next time.

Much greater control is needed when the object may not be taken immediately or the child may not tell where it is hidden.

DRAMATIC GAMES

Singing Game

(See Rhythmic Action Plays and Dances by Irene E. Phillips Moses.)

A morning walk brought a group of kindergarten children to an apple orchard just as the petals had begun falling from the trees. With great glee they began dancing about catching the petals in their skirts, their hands, and on their hair. After a time the teacher took one child's hands and dancing with her sang the words

"Come my dolly dance with me
Dance beneath the apple tree."

The following day the children asked eagerly for the apple blossom music. It was played while they danced, some alone, some with partners. Teacher and children commended those who had

found a beautiful way to play "underneath the apple tree."

As the next step small groups of children showed the dances they had made. Since the song invited the dolly to dance it was suggested that this was a game to play with partners. "No, that won't do" remarked one child. "I need both my hands for catching petals." This new problem brought much discussion until one girl solved it simply. "I'm going to let my dolly catch petals by herself then I'll find her again for the last part of the song."

In this way the singing game was finally played, with no formal grouping, each child taking a partner and dancing about the room, but finding a new partner each time it was played.

"Come my dolly dance with me
Dance beneath the apple tree."

Children face partners, swing clasped hands and point toes right and left to the slow rhythm.

"See the petals fluttering down
Wings of white and rosey crown, etc."

Drop partner's hands and catch petals in skirts and hands. Little running steps, children looking up through the trees.

"While the sun sees you and me
Dancing neath the apple tree."

Take partners hand and continue the dance as at the beginning. Finish with a deep courtesy.

Possible Variations and Increased Problems

For First Grade

Played much as in kindergarten, but with more skilful dancing steps.

For Second Grade

Children arranged in circle or in rows. Smaller children take the part of dolls who pass from one partner to the next.

Many variations for each game will come through following suggestions offered by the children. Best learning takes place when each step and rule develops with the group as in the games described.

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Describes different types of plays, tells why children like them, points out their significance and the need for a skilful director of children's play activities.

Our schools are spending large sums of money on health equipment and health service for school children. This is as it should be. But in doing so, they sometimes ignore the fact that the most important piece of health equipment in the school is the teacher with vigorous body, serene and well-balanced mind, and a buoyant and gracious spirit.

—Lucy Oppen

Music Department

The Straight Man

Words and music by KATHLEEN MALONE

The musical score is written for a voice and piano. It consists of three systems of music. Each system has a vocal line on a single staff and a piano accompaniment on two staves (treble and bass clef). The key signature has two sharps (F# and C#), and the time signature is 4/4. The lyrics are: 'Here comes the straight man, Walk - ing down the street; See him with his head held high— He'll give you a bow if you chance to meet; See him as he pass - es by!'. The piano accompaniment features a steady eighth-note bass line and chords in the right hand.

Here comes the straight man, Walk - ing down the street;

See him with his head held high— He'll give you a bow if you

chance to meet; See him as he pass - es by!

Repeat music. Child selected for posture walks around the room keeping time to rhythm while other children clap.

The Health Program of the City and Country School of New York City

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NOT so long ago the term "preschool" was employed to indicate the period of a child's life between infancy and six years, when it was customary for most children to start their school life. More recently this phrase has ceased to have any meaning in the educational sense, for thousands of "preschool" children all over the country now attend school regularly. Educators everywhere are becoming more and more convinced of the value of school experience to three, four, and five-year-olds, and the necessity of group play and better trained supervision than can be furnished by even the best intentioned parents, and most carefully equipped homes. In fact the most recent tendency is to encroach still further on the preschool period by accepting children in so-called nursery schools as soon as they can walk.

Parents everywhere are studying the health aspect of this new situation and asking themselves questions that have grown out of these new conditions. Many grant that the young child in school gains a very desirable degree of mental and physical independence but question whether the risk of illness does not overbalance these advantages. The

most pressing inquiries concern (1) the possibility of keeping small children well in school, and the conditions requisite for doing so, and (2) the extent to which contagious disease shows itself among these very young groups. These are serious questions, since so many of the complications of measles, whooping cough, and scarlet fever occur in children under five years.

An important consideration from the parents' point of view is whether the expense and trouble involved in maintaining such young groups are justified when one realizes how much time may be spent at home by the child because of illness or quarantine. It remains for school physicians to work out the solutions to these questions. A partial answer is offered in this paper which is a record of the health work done during a period of five years in the City and Country School, New York City.

THE CITY AND COUNTRY SCHOOL

The children attending the school, about 120 in number, are recruited from a variety of homes. By far the greater proportion come from intelligent moderately well-to-do families, many of which are engaged in arts, crafts, or literature as a livelihood. There are ten

classes, each with a group teacher; student teachers assist with some of the younger groups. The general work of each group is carried on in its own room the children going out for yard play, music, dancing, shop work, clay modeling, cooking, and for lunch. The school occupies the greater part of six partially remodeled brick houses. The yards of all six houses have been thrown together and are used as play space by the older children; a long covered alley connects the buildings and the roof space is used for play by the younger groups. The children vary from three to twelve years of age, and during the five year period covered in this report from 23 per cent to 62 per cent of the children were less than six years old at the time of entrance. The average percentage of children under six was 36.6.

This study was undertaken by the writer for the Bureau of Educational Experiments and covers the years 1920 through 1925, during which time the Bureau was responsible for the organization as well as the execution of the health program. At the conclusion of this time, the health program was turned over to the school authorities, who are now responsible for its execution.

ORGANIZATION OF PROGRAM

In organizing the health program of the school, every effort has been made to emphasize the preventive aspect of such a program. The necessary corrective work is regarded as a problem for constant study and analysis, so that the amount needed may decrease as the preventive work becomes more effective. In an effort to minimize the occurrence of preventable diseases and defects, a system of regulations and inspection

has been gradually evolved and an attempt made to maintain certain standards of ventilation, lighting, open-air play, rest, and food. The function of such a health program is not only to protect the school by preventing epidemics of contagious disease and detecting serious defects in the children; but also to set a health standard which will interest and invite the active cooperating of children, parents, and teachers. To evoke in the members of these three groups a feeling of responsibility for the success of the health program rather than to demand a perfunctory compliance with the health rules should be the aim of a health program.

EXAMINATIONS

The basis of the school's preventive program is the physical examination of the individual child. Prior to the acceptance of the child by the school a preliminary psychological test is given. At the time of enrolment the registrar, who is a trained social worker, discusses with the mother the emphasis which the school places on the health of its children, and explains the health program, laying great stress on the need for the cooperation of the parents. At the same time a history of the child is taken, with an account of its antecedents and home environment. The medical and physical history including habits and disposition is then transferred to a form which is filed in the school physician's office. There is practically never a first examination and rarely a subsequent one which the mother does not attend. The examination is made as complete as possible, and includes vision and hearing tests. Haemoglobin estimations are done when indicated and when they can be done without frightening the child

and prejudicing him against the whole physical examination. These and a complete blood count would be valuable additions to the routine, especially for the purpose of recording standards for the individual child. Including a short summarizing talk with the mother, at which time matters of hygiene such as type of bath, constipation, etc., are also discussed the entire examination averages about an hour in length.

It has been our custom for the past five years to make routine analyses of the stool and urine of each child each year. Diet lists are required with the specimens, and are checked and discussed at the time of the physical examination. During these years, urinalyses have disclosed several cases of hitherto unrecognized pathological conditions. We have also had a child whose urine showed constantly a trace of albumen. A persistent search for the cause revealed an abscessed tooth and following its removal all urinalyses have been normal.

Partial examinations are done through the year at the request of the teacher or mother or whenever a child's condition is judged by the physician to need watching. Frequently examinations are made of children after attacks of contagious disease. Until last year a research problem that was being carried on made it necessary to take annual chest x-rays and electrocardiograms of all children. This is no longer being done but the physician may request an x-ray for any child for whom it seems desirable.

RECOMMENDATIONS TO MOTHERS

The usual procedure following the physical examination is the making of recommendations based on all the data

submitted. These are made directly to the mother and the mother is expected and urged to be present at the examination. In general all cases requiring corrective treatment, further diagnostic measures, or prolonged observation as a preventive measure are referred to the home physician. General dietetic advice however is often given. In case of flat or weak feet, exercises are demonstrated. The registrar makes inquiries regarding the further course pursued when the child is referred to his own physician. Should the mother decide to ignore the recommendations no action is taken beyond these inquiries, unless the condition of the child as reported by the teacher seems to interfere with his school progress. In such exceptional cases a second appeal is made to the mother by physician or registrar and the matter then passes into the hands of the director of the school. Good co-operation between school and home physician is of course most desirable. The teacher and the nurse are also notified of any recommendations concerning the child or results of the physical examination of which they should be cognizant. Both help the physician to obtain a good picture of each child by reporting any physical deviations from the average observed in school or lunch rooms or at the rest period.

IMPLICATIONS FOR SCHOOL PROCEDURE

When all the data collected through the examinations are studied in relation to class groups, facts hitherto unrelated stand out. For instance it was necessary partially to revise the lighting system in one room when a markedly high proportion of conjunctivitis was found among the children as compared with

the frequency in other groups. The collected data on the posture of the children determined the necessity for some school action on this subject and showed that merely giving the children the opportunity of free play on a variety of apparatus will not insure good posture. In this way the records also serve as an evaluation of existing school procedure. No postural correction is attempted during school hours, but an effort is made to preserve the normal good posture of infancy and early childhood by the work in rhythmic and dancing, which is part of the school curriculum.

PREVENTION AND QUARANTINE

In general we enforce the rules approved by Dr. Thomas D. Wood of Teachers College, Columbia University, for the prevention and quarantine of contagious diseases but they very often are modified to suit the individual cases. In the groups up to six years old, colds are excluded for at least three days or until evidence of acute infection has passed. In the older groups children with fresh colds are excluded. Every effort is made to keep the younger children separated from the older ones. The three and four-year-old groups come to morning sessions only, play on the roof and do not go to special classes. The five-year-olds remain for the full school day but they lunch and rest apart from the older children and do not mingle with them in the yards or rooms for special work. Every effort is made to obtain the cooperation of parent and teachers in the prevention of contagious diseases. Occasional talks have been given on the importance of these diseases in early childhood and a continuous drive has been made to urge parents to

accept well recognized means of preventing contagious diseases. A large number of our children have been given the Schick test and an unusually high proportion of those susceptible to diphtheria found among children from the less congested sections of the city. Many have been immunized with toxin anti-toxin. The recent board of health ruling requiring vaccination in all schools automatically removed the necessity for further propaganda in this direction.

SCHOOL NURSE AND PHYSICIAN

The carrying out of any health program must, of course, be adjusted to the needs of the individual school. We have tried various divisions of work and I believe that the one we have used for the past five years, a full time nurse and a part time physician, will be found to be the best arrangement for most schools with many small children. Even in a large school a physician on part time can supervise the health program, act as consultant when called upon and examine all the children. But situations constantly arise in the administration of a prevention health program that call for the constant presence of some one with a health point of view. It is rare to find teachers with an outstanding interest in health matters and it is unfair to add to the complexities of their jobs by expecting them to assume responsibility for what can be easily handled by a well trained nurse. We may have been especially fortunate in our school nurse but I believe it is possible to train any intelligent observant nurse to successfully administer a school health program. Such a nurse must, however, be well versed in the psychology of children and it is highly

desirable that she be interested in the educational procedure of the school. Our nurse has done all the morning inspection and only very rarely does she have to seek the physician's help. She administers the rules regarding contagious disease. She keeps the attendance record and is responsible for finding out the cause of absence of all children. She examines all children returning to school after an absence from any cause before they are admitted to the classroom. Since she goes from room to room taking the attendance record she is able to see every child daily and so ill children rarely escape her notice. At the same time she is able to observe the heating and ventilation of the classrooms. She decides when the roof and yards are suitable for outdoor play and what outside clothing must be worn. She is in charge of all the first aid work. She weighs and measures all the children every two months, and brings to the physician's attention, for a possible re-examination, all children who lose or fail to gain in weight.

DIET

The lunchroom is managed by a dietitian who is also the cooking teacher. She plans the meals and supervises the cooking and serving. Menus are submitted weekly to the school physician. Stress is laid on the serving of a hot balanced meal of the usual type given for dinner in the average American household: meat or fish, a starchy and a fresh green vegetable, bread and butter, milk or cocoa, and a dessert, usually fruit, but occasionally simple puddings or gelatine. As wide a variety as possible particularly of vegetables and bread-stuffs is offered. We have very few

reports from the lunchroom of children who do not eat well or who refuse a particular type of food. A child seated at a table with four or five other children all eating heartily of the attractive looking food presented speedily follows their example except in rare cases. Children whose mothers declare they will not touch certain vegetables are seen eating them as if no idea of refusal had ever occurred to them. It is a revelation to see the change wrought in many of these children who come to school lunch.

THE REST PERIOD

In the same way group resting, preceeding the lunch period for the younger children and following it for the older, is much better accomplished than would be possible in the majority of homes. Only occasionally a child is found for whom the stimulation of other children precludes a normal rest. For the older children, and particularly for the pre-adolescent group, the rest period furnishes a short time for relaxation which is often denied in school or at home, where work or play succeeds the meal time with no intervening pause. Cots or mattresses on the floor are provided for all the groups up to eleven years old and many of the younger children sleep. The oldest groups rest by reading in the library. Originally they were supposed to have a recumbent rest period but they rebelled so that temporarily they were allowed to carry on their curriculum immediately after lunch. A few weeks after this innovation, the groups approached their teachers to request a rest period of some kind after the lunch hour so the present compromise was reached.

The younger groups have milk or

fruit juice and crackers in the mid-morning and occasionally when a teacher of one of the older groups notices increased fatigability in the children in the late forenoon, she will request a mid-morning lunch of fruit or graham crackers which has usually been found successful in allaying fatigue. No child is allowed in the yard for active play directly after dinner. The school day is over at about 3:30 and approximately one third of the children's time in school is supposed to be spent out of doors when the weather permits.

INCREASED ATTENDANCE

The total absence record for the first year during which the health program was being developed was 23.4 per cent. In other words, the children lost 23.4 per cent of their possible school time. During the last two years of the period studied, the total absence records were only 12.8 and 11.3 per cent. A great many of the absences were due to social causes as has been reported for other schools. When this fact was pointed out to the director, measures were taken so that the number of absences from this cause decreased rapidly. The percentage of days lost because of illness alone was 13 per cent during the first year of our study. The records of the second year, 1921-22, showed a sharp drop to 11.4 per cent and each year thereafter we were able to decrease the amount of absence due to illness, so that during our last year, 1924-25, only 10.1 per cent of possible school days were lost due to illness. This may not seem a spectacular decrease but since the average private school has only about 155 school days, it means that practically five school days, or a

school week, were added to the school year of each child.

DECREASED DISEASE

Throughout the study a relatively small amount of time was lost because of contagious disease. During the last year only 0.8 per cent was lost to which might be added an additional 0.6 per cent due to quarantine regulations.

The small amount of contagious disease is an answer to the question concerning the extent to which contagion shows itself among very young groups. All the school borne cases of contagious disease we have had have taught us further lessons in the prevention of contagion. For example, during the school year 1921-22, we had 16 cases of measles, five or six of which were of outside origin and could not be avoided. All the others were secondary to one case who had been kept at home because of a supposed cold. During this early stage another school child came to see him and through an error in judgment was allowed in his room. When the illness of the first child was reported as measles no mention was made of the visit of the second child. Unfortunately this child presented no characteristic symptoms during the incubation stage and so exposed his class and subsequently their brothers and sisters. No other secondary cases occurred beyond these. This was a result of lack of home cooperation. No other school borne cases of contagion occurred that year. During the succeeding years we have had only one case of contagion, measles, which could conceivably have been of school origin.

While the trend of contagious diseases and quarantine was downwards, the

decrease in respiratory diseases was much slower. In fact respiratory disease, which includes common colds, grippe, etc., was by far the most common cause of illness. During the school year, 1924-25, an intensive study of the etiology of these infections was undertaken. Information regarding the home environment of each child was sought on such subjects as health habits, clothing, diet, baths, and health of other members of the family and servants. In addition the school environment was studied for possible factors influencing the frequency of colds, and an analysis

of the results of the physical examination of each child was undertaken.

CONCLUSIONS

1. The health program of a school in which 36.6 per cent of the children were under six years old is presented.
2. The percentage of days lost because of illness has fallen steadily from 13 to 10.1 per cent since the health program was put into effect in 1920.
3. There has been a comparatively small amount of time lost due to contagious diseases, the percentage ranging from 2.2 to 0.5 per cent.

Looking Forward to May Day

"May Day as Child Health Day holds within it the power of a great vision. Its goal is to focus the interest of the nation upon perfected childhood—with the hope of a start in life free, sound and richly potential for every child.

This day has been given to the country to become, like the Maypole, a central rallying point for all the diverse activities concerned with the welfare of children, which, combining, will help to clear the pathway towards the goal of May Day."¹

The working platform of the May Day campaign is Herbert Hoover's *Child's Bill of Rights*:

The ideal to which we should strive is that there shall be no child in America—

That has not been born under proper conditions

That does not live in hygienic surroundings

That ever suffers from undernourishment

That does not have prompt and efficient medical attention and inspection

That does not receive primary instruction in the elements of hygiene and good health

That has not the complete birthright of a sound mind in a sound body

That has not the encouragement to express in fullest measure the spirit within which is the final endowment of every human being.

¹ THE GOAL OF MAY DAY. New York, The American Child Health Association.

The Health Program in the Parker School District

MARGARET COBLE

Assistant Superintendent, Greenville, South Carolina

THE incentive for implanting real habits which will promote a strong healthy body in each boy and girl is the slogan in our elementary schools: "A well rounded student, equipped with a strong well-kept body." To achieve this it is essential that the child have this vital interest in his own body and to this end all health work in Parker District strives. While we feel that only a beginning has been made there seem to be possibilities for achieving the thing desired. There are three distinct avenues through which this interest is promoted: These are: teaching of health habits, teaching of games which provide recreation and exercise necessary for healthy bodies, and health service.

The classroom teacher has more vital contacts with her own group of children than any other school person so the need for her to teach the child about his own body and the care of it is self-evident. Such habits as are consistent with the age and experience of each group are definitely taught and various methods are used to see that the habits so learned are practised systematically. These habits include right kinds of foods and drinks as well as personal body habits and care.

Much class poster work and competition in the way of surpassing previous

records in both the individual and class type work are used effectively.

Another specific part of the teacher's work is the teaching of games which provide recreation and exercise. No formal "gym" exercises are given the children in the grammar grades but games which are to develop the sets of muscles corresponding to age of group are taught through definite procedure so as to accomplish the desired end and at the same time create a love for, and delight in, participating in the right kind of games. A first grade and a sixth grade may be seen on different parts of the same school ground, each playing a game enthusiastically but engaged in an entirely different type game. Each teacher has twenty minutes for health daily and she arranges the period for this and distribution of her time as she deems best. Each grade in our system plans to have all game-work done on the school grounds except during inclement weather.

The teacher of health in the high school spends one day each week in the lower grades assisting the teachers with any problem connected with the health work. In addition, she gives an hour special coaching after school, at a central place, to any teachers who desire extra help.

In the first three grades story plays,

dramatic, rhythmic, and singing games, and group games suitable to age and physical abilities of the children are engaged in.

Thus far all the work has been with the normal child in that each child has had the same instruction but the under-nourished and physically handicapped child needs more than the above attention if he can hope to be "equipped with a strong and well-kept body," so special provision is made for these handicapped children through our health service. Working in close touch with the grade teacher is the school dentist. Together they teach the child the proper care of his teeth and mouth. In addition to this he takes to a school his portable outfit and gives to each child such treatment as is necessary. Last year he performed some six thousand operations on our children.

The services of a nurse for full-time and a doctor for one hour each day are given to these "handicaps." Again the teacher plays an important part—for in our school system of five thousand pupils it is impossible for these two service people to see all of the children so the teacher reports the most pronounced needs in her grades and these children are then examined by the doctor and nurse. The nurse then follows up these findings through visits to the home. For the under-nourished, the proper diet is suggested and encouraged. Milk is furnished at school in many cases for these. For those with diseased tonsils provisions have been

made with the hospitals whereby at least three tonsilectomies are performed each week. Where the parents are unable to pay, organizations working in conjunction with the school defray such expenses. For children needing eye corrections similar steps are taken.

But for bone diseases a cooperative plan is used again. When spine curvatures, round shoulders, etc., are found to be rather slight corrective exercises are given to these children daily by one of the teachers in the school who has a special interest in this type child. For the more pronounced cases the Shrine Hospital, opened in Greenville in September, is taking care of them as fast as openings in the hospital permit. The waiting list is diminishing and the processes of walking again have been undertaken by the children throughout our district.

"Keeping fit" is one of our strong incentives, so various clinics are in operation almost continuously. All children not immune were vaccinated for small-pox at the opening of school. Innoculations for scarlet fever and diphtheria have been given throughout the system at cost. During the spring typhoid inoculations will be offered.

Time only can prove how successful we will have been in carrying out our slogan in the elementary school but if in relating what these avenues are it has proved to be suggestive to another who is striving for the same achievement the purpose of this article will have been gained.

Where to Find More About Child Health

CHILDREN'S BUREAU, UNITED STATES DEPARTMENT OF LABOR

- Prenatal Care. Bulletin No. 4. 5 cents.
 Infant Care. Bulletin No. 8. 10 cents.
 Child Care—The Preschool Age. Bulletin No. 30. 10 cents.
 Play and Recreation—Outlines for Study. Bulletin No. 92. 10 cents.
 Child Labor—Outlines for Study. Bulletin No. 93. 10 cents.
 A Brief Manual of Games for Organized Play. Bulletin No. 113. 10 cents.
 Child Labor in the United States—Ten Questions Answered. Bulletin No. 114. 10 cents.
 Child Management, by D. A. Thom, M.D. Bulletin No. 143. 5 cents.
 The Children's Bureau of Cleveland. Bulletin No. 177. 15 cents.
 References on the Physical Growth and Development of the Normal Child. Bulletin No. 179.
 Posture Exercise by Dr. Armin Klein and Leah C. Thomas. Bulletin No. 165.
 Posture Clinics by Dr. Armin Klein. Bulletin No. 164.
 Posture Standards, a set of posters with silhouettes illustrating excellent, good, fair, and poor posture for boys and girls of the thin, intermediate, and stocky types of build.
 Posture Panels, a set of nine charts illustrating graphically the relation of posture and nutrition, posture and age, posture and type of build, posture and sex, etc., as well as the results of posture training.

Motion Pictures

- "Well Born;" 2 reels; showing time, 30 minutes. A film presenting the essentials of prenatal care.

"Our Children;" 2 reels; showing time, 35 minutes. A film showing the efforts of a community to make itself "safe for babies."

"Posture;" 2 reels, showing time, 30 minutes. A film presenting new material on posture and its relation to physical fitness.

"Sun-Babies;" 1 reel, showing time, 15 minutes. A film showing the beneficial results of sun baths for babies and the methods of giving sun baths.

BUREAU OF EDUCATION, UNITED STATES DEPARTMENT OF THE INTERIOR

- Diet for the School Child. Bulletin No. 2, Health Education Series. 5 cents.
 The Kindergarten and Health. Arnold Gesell and Julia Wade Abbot. Bulletin No. 14, Health Education Series. 5 cents.
 What Every Teacher Should Know about the Physical Condition of her Pupils. James F. Rogers. Bulletin No. 18, Health Education Series. 5 cents.
 Is Your Child Ready for School? J. F. Rogers. Bulletin No. 19, Health Education Series. 4 cents.
 Health for School Children. A report of the Advisory Committee of the National Child Health Council. Bulletin No. 1, School Health Series. 10 cents.
 The Health of the Teacher. J. F. Rogers. Bulletin No. 12, School Health Series.
 Athletic Badge Tests for Boys and Girls. Games and Equipment for small rural schools. Physical Education Series. 5 cents.
 Health and Physique of School Children. James Frederick Rogers, M.D. Bulletin No. 21, 1925. 5 cents.

WHERE TO FIND MORE ABOUT CHILD HEALTH 303

BUREAU OF HOME ECONOMICS, UNITED STATES DEPARTMENT OF AGRICULTURE

School Lunches. Farmers' Bulletin 712.
Food for Young Children. Farmers' Bulletin 717.

Good Proportions in the Diet. Farmers' Bulletin 1313.

Milk and Its Uses in the Home. Farmers' Bulletin 1359.

Dietary Scales and Standards for Measuring

a Family's Nutritive Needs. Technical Bulletin No. 8.

A Guide to Good Meals for the Junior Homemaker. Miscellaneous Circular 49.

Children's Rompers. Department Leaflet No. 11.

For further information write the Bureau designated. Order pamphlets from the Superintendent of Documents, Government Printing Office, Washington, D. C.

THE WASHINGTON CHILD RESEARCH CENTER

Plans for the opening early in February of the Washington Child Research Center for the study of problems relating to the care and training of children of preschool age have been announced by the eight cooperating agencies which have organized and will conduct the center.

The institution, which will be located at 1825 Columbia Road, is one of six centers in the United States devoted to the scientific study of child development. The Washington Center will include a General Service Center where parents who desire information concerning the rearing and education of children may come for consultation, and a nursery school with accommodations for a score or more children of preschool age. In addition a general program of research will be carried on with special emphasis on the influence of the social environment upon the behavior of the normal child.

The establishment of the Center has been made possible by an endowment from a national foundation, which has provided a fund sufficient for its maintenance for three years. The governing board includes representatives from eight educational agencies as follows: Leslie R. Marston, Child Development Committee of the National Research Council, *chairman*; Lois Hayden Meek, American Association of University Women; Anna E. Richardson, field worker in Child Development and Parental Education of the American Home Economics Association; Willard S. Small, University of Maryland; William C. Ruediger, George Washington University; Louise Stanley, chief, United States Bureau of Home Economics; Grover A. Kempf, United States Public Health Service; Mary Dabney Davis, United States Bureau of Education.

Mandel Sherman of the Northwestern University Medical School, Chicago, will be Director of the Center, planning its general policies and conducting research. Associated with Dr. Sherman in the nursery school will be Christine Heinig of the Merrill-Palmer School of Homemaking in Detroit and the Franklin Street Nursery School, Chicago, and Helen Lathrop of the Gowan Nursery School of the Cleveland Kindergarten-Primary Training School.

Washington was selected as the location of the Center because many national agencies maintain headquarters here which, it is hoped, will cooperate both in the actual work of the Center and in distributing the results of its research.

—Anna E. Richardson

Welcome to Grand Rapids

GRAND RAPIDS Kindergarten Primary Club, in behalf of the City of Grand Rapids, welcomes the International Kindergarten Union for its 1928 convention.

You will find our city one of the most beautiful and progressive cities of the Middle West, with a population of 173,000. It is the "Gateway to the Playground of a Nation," and the "Furniture Capital of America."

There are seventy-five furniture factories here, twenty of which have their own showrooms. Here, twice a year, the Furniture Market brings over 5,000 furniture buyers, salesmen, and manufacturers, with over 500 individual exhibits. During the International Kindergarten Union convention, an opportunity will be given to visit some of these furniture show rooms.

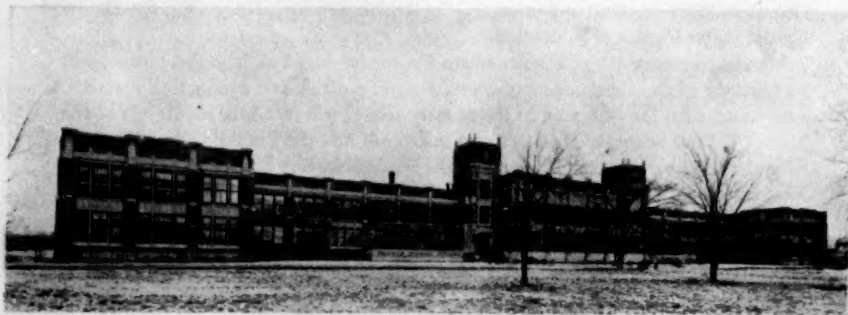
Grand Rapids is proud of its school buildings and school system, known throughout the country.

Seventeen schools will be open to visitors on the second morning of the

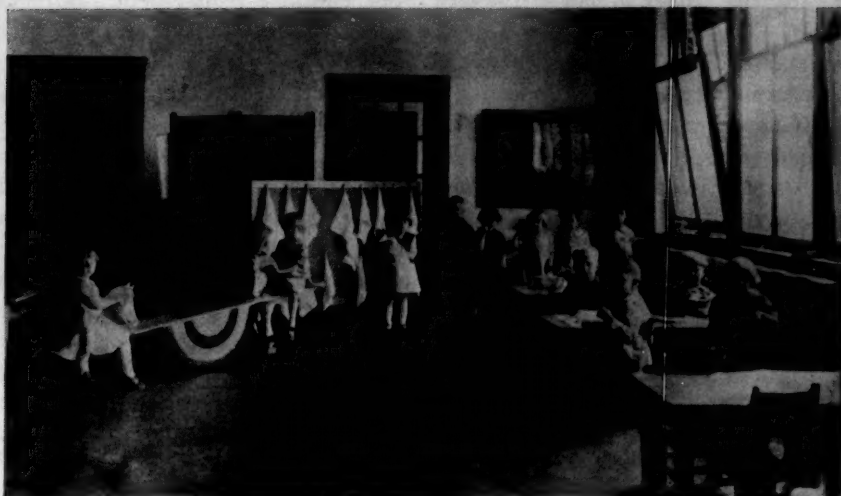
convention. One type of activity will be demonstrated in each school, so as to show the progression in this particular field from the nursery school, or kindergarten, through the first and second grades. Two nursery kindergartens will be open to a limited number of visitors, and opportunity will be offered in the Orthopedic School to see what is being done for physically handicapped children in the orthopedic and sight saving classes.

An exhibit of children's work will be offered, which will seek to show how units of activity develop around one center of interest. For example, a social science interest will be expressed both through concrete materials, as wood and clay, and also through reading, writing, and number activities.

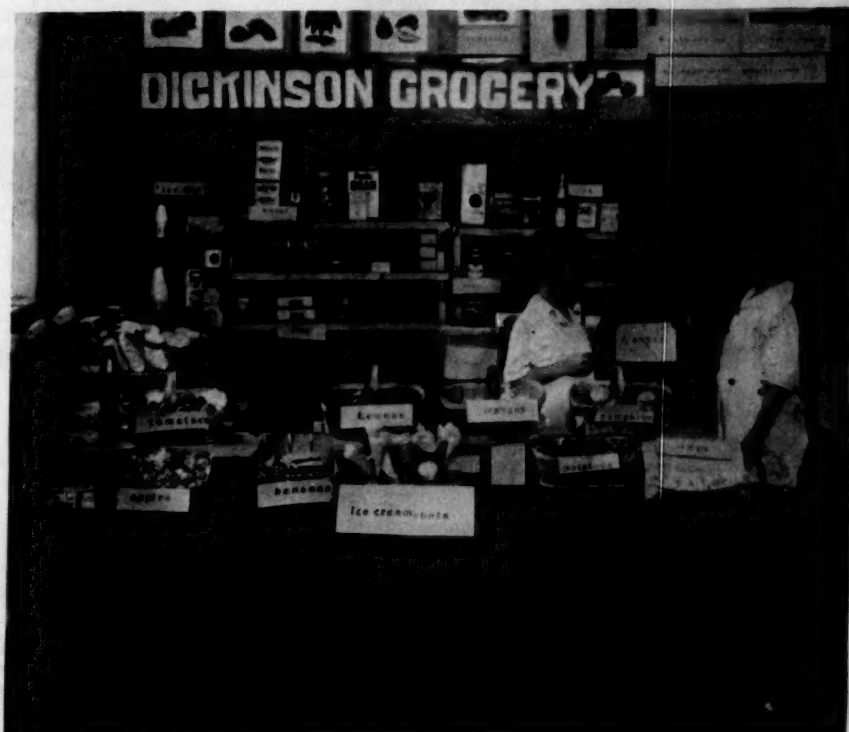
These will all be presented in one unit, that the relation which they bear to each other in broadening and clarifying the child's concept may be clearly seen. Included in the exhibit will be a series of motion pictures, representing various activities which have been carried on in



ONE OF THE SEVENTEEN SCHOOLS OPEN TO CONVENTION VISITORS



YOU WILL SEE THIS PRESCHOOL GROUP AT HARRISON PARK



AND THE FIRST GRADERS HAVE MANY OTHER IDEAS TO SELL YOU!

the early elementary grades of the city schools. This exhibit and also a commercial exhibit will be displayed in one of our spacious furniture show rooms.

It is hoped many of our guests will remain over for Play Day. Trips to the Sand Dunes of Lake Michigan, just one hour away, or to the home of the largest manufacturer in the world of Gypsum products; the Bissell Carpet Sweeper Company; the American Seating Company, and the largest Bass Hatchery in the world will be planned for your pleasure.

Convention headquarters will be at

the Pantlind Hotel; "An Entire City Block of Hospitality" and one of the nation's finest convention hotels.

Grand Rapids is centrally located and is on the dividing line of population of the United States east and west. It is one of the most popular convention cities, and many national conventions have had their largest attendance here. It is a beautiful city of homes; second in the United States in home ownership. You will enjoy every minute of your stay and a most hearty welcome from our people awaits your arrival.

CHARLOTTE B. POPE.



VISIT LAKE MICHIGAN ON PLAY DAY!

The New and Notable

Advance Notice of the Convention of the Interna- tional Kindergarten Union

The thirty-fifth annual meeting of the International Kindergarten Union will be held in Grand Rapids, Michigan, April 16 to 19, 1928.

Full details of the program and hospitality arrangements will be given in the next number of the magazine. It is expected that the railroads will give the usual rate reduction of one and a half fare for the round trip.

In addition to hotel accommodations listed in the January issue are accommodations at the Y. W. C. A. and approved homes at \$1 a day, including breakfast.

Plan now to go to Grand Rapids, April sixteenth!

CAROLINE W. BARBOUR.

Complete Program of the Boston Convention

NATIONAL COUNCIL PRIMARY EDUCATION
AND NATIONAL COUNCIL KINDERGARTEN
SUPERVISORS AND TRAINING TEACHERS
JOINT MEETINGS

Monday, February 27, 2:00 p.m.

*Better Understanding of Creative Activities
from Administrative and Classroom*

Viewpoints

Presiding officer: Lucy Gage, president
National Council Primary Education

World Viewpoint at Locarno. Flora J.
Cooke, Principal Francis Parker School,
Chicago, Illinois

*Better Understanding in the College Class-
room.* John Almack, Leland Stanford
Junior University

*Administrative Angle in Relation to
Kindergarten Procedure.* Julia Wade
Abbott, Director of Kindergarten Edu-
cation, Philadelphia, Pa.

*Better Understanding of Creative Activities
in the Elementary School.* Ruth Bristol,
Ann Arbor, Michigan

*Intelligent Cooperation between Adminis-
trative and Classroom Procedure.* J. L.
Meader, State Normal School, New
Haven, Conn.

Wednesday, February 29, 2:00 p.m.

Significant Trends in Education

Emphasizing the Early Elementary Field
Presiding officer: Caroline W. Barbour,
president International Kindergarten
Union

Secretary: Margaret C. Holmes, re-
cording secretary International Kinder-
garten Union

*The Need for Scientific Testing of Activity
Work.* Ruth M. Streitz, College of
Education, University of Cincinnati

*The Modern Kindergarten—Its Strategic
Position in Education of Young Children.*
Patty Smith Hill, Professor of Educa-
tion, Teachers College, Columbia
University

Mental Hygiene and the Young Child. J.
Mace Andress, Newtonville, Mass.

JOINT LUNCHEON

The joint luncheon of the two groups will
be held Tuesday, February 28, at 12:30 in
the ballroom of the Copley-Plaza Hotel.

BUSINESS SESSION, N. C. P. E.

The only separate session of the primary
council will be held Tuesday, February 28
at 10:30. Annie E. Moore will report in-
vestigations in *Language Studies*.

KINDERGARTEN DINNER

A feature of special interest to kindergartners during the meeting of the Department of Superintendence is the kindergarten dinner on Tuesday, February 28th, at 6:30 at the Hotel Bellevue, Boston. It is hoped that all nursery, kindergarten, and primary teachers who attend this mid-winter convention will plan to be present on this occasion which is to celebrate the fiftieth anniversary of the establishment of kindergartens in Boston. Caroline Aborn will represent the local group of kindergartners. Other speakers who have promised to honor us with their presence are Caroline Barbour, president, International Kindergarten Union and May Hill, vice-president of the International Kindergarten Union; Patty Smith Hill, Teachers College, Columbia University; Lucy Gage, president of the National Council of Primary Education; Cornelia Adair, president of the National Education Association; Caroline S. Woodruff, president of the National Council of Administrative Women in Education; Augustus O. Thomas, president World Federation of Education Associations; A. E. Winship, editor, *Journal of Education*; Joseph Lee, father of the playground movement in America; Henry W. Holmes, Dean of Education, Harvard; Jeremiah E. Burke, County Superintendent, Boston; Wallace C. Boyden, president Teachers College of the City of Boston; Eugene Smith, headmaster, Beaver County

Day School, Chestnut Hills, Mass.; and others. The Boston Kindergarten Association will act as hostess for the occasion and the State Association will be represented.

Kindergarten Education in Cuba

The recent educational conference in Cuba has centered interest in this island republic.¹

The republic of Cuba provides 285 kindergartens for its young children. 117 of these are located in the largest cities of each province and the other 168 kindergartens are in small towns and rural districts. A school fund of \$30,000,000 has been promised by President Machado for the next Cuban budget. This fund will be devoted to the building of schools and the improvement of educational methods in Cuba.

Supervision of these kindergartens is provided by the national department of education with Sta. Catalina Fernandez de los Rios in charge.

In addition to her supervisory work Sta. Fdez. de los Rios edits the magazine of the National Kindergarten Association which is issued each month, and helps the officers of the association to plan its programs of work.

MARY DABNEY DAVIS.

¹ A full report of the conference will appear later in CHILDHOOD EDUCATION.

Current Magazine Index¹

THE TRUE STORY OF SANTY CLAUS

By John Macy

Those who like to know the origin of things will welcome *The True Story of Santy Claus* by John Macy which gives a complete study of this "glorious legend." "Truth lives in a region of dreams. If we do not believe that truth, we are lost souls and beauty and poetry, the only real truth, mean nothing." He traces its changing aspects among different nations, showing the connections of which he says, "they are bonds that hold the world together and help to give its disparate parts and antagonistic faiths a human unification. No other saint and few other men embrace such a wide variety of benevolent ideas as Nicholas, with such duration in time and such extent throughout the Christian world. And he is probably the only serious figure in religious history in any way associated with humor, with the spirit of fun. For he is the patron of giving. And it is fun to give."

The Bookman, December

THE PASSING OF PUNCTUATION

By J. P. Bowles

Is school drill on rules of punctuation wasted? This writer would think so. "All this punctuating, designed to make the grammar clear, has tended to make the writer careless." "Comma germs give an untidy look and make one feel the page ought to be sent to the dry cleaners to have the spots removed." "Punctuation is a

¹ It is the aim of this department to present each month a list, with brief quotations, of the important articles published in the various journals on nursery school, kindergarten, and primary education. The editor will welcome having her attention called to any that are overlooked.

nuisance in a day when stenographers transcribe on electrically driven typewriters. We have not time to pause."

The Bookman, December

JUDGING AND RATING THE TEACHER

By M. E. Gilmore

A summary of several attempts to "definitely rate and estimate the qualities, characteristics, and requirements of the teacher." In the writer's opinion these are representative of what is being done in this direction. "It has been at least suggested that there are certain things which if taken into consideration will aid the teacher judged and the one judging. And most of all it will aid in a common understanding of the problems of both."

Educational Review, December

SOME SUGGESTIONS FOR MAKING TEACHING A PROFESSION

By H. C. Lehman and Paul A. Witty

"The first step toward making teaching attractive is to face the present day issues squarely." These are given and many references.

Educational Review, December

TEACHING PARENTAL CARE BY MEANS OF POSTERS

By Stuart B. Blakely

Article speaks of appeal good posters make to all type and nationalities—"powerful agencies for education." "What are the requirements of a true poster?" "It is an artistic impression of a story told in a sweep of line and a flash of color. It is the spirit of the subject visualized in the passing of an instant. One need not stop to read a poster."

Hygeia, December

ELLA RUTH BOYCE.

Book Reviews

CLINICAL AND ABNORMAL PSYCHOLOGY.

By J. E. Wallace Wallin. Houghton Mifflin Company.

The abnormal child has always been with us. He has been accepted as a matter of course, a being whom providence has seen fit to produce and which therefore must be endured. It is only in recent decades that laymen and even educators have felt moved to adopt other than a *laissez faire* policy toward the atypical child.

The writing of *Wallin's Clinical and Abnormal Psychology* is a clear indication that this attitude toward the unusual child is rapidly going into the discard. The book frankly assumes that the science and the art of the clinical psychologist is a matter of interest to large numbers of school people. For many the book will be a revelation. The breadth of its sweep through the comparatively new field of abnormal psychology will bring to those not yet initiated into the techniques of the psychological clinic a realization of the rapid development which has taken place in devising tools and techniques and in assembling and organising the knowledge upon which the clinical psychologist bases his work.

The author frankly and wisely rejects the idea that teachers or general school officers can at the same time be clinical psychologists. The book sounds adequate warnings of the pitfalls which exist for the untrained person in this field. It does not encourage the newcomer to assume that a careful reading of this text qualifies him as an expert diagnostician. Quite the opposite. By describing the mechanism and equipment of a modern psychological clinic and by touching upon the topics in abnormal psychology with which the clinical psychologist must be familiar, the book offers an excellent introduction to one intending to train for work in this field, and at the same time is calculated to discourage the

amateur from feeling confident in the possession of little knowledge.

The book is founded on the solid ground that the intelligent handling of mentally deviating children must be based upon detailed and objective study of one individual at a time—that is, the clinical or case method. A consideration of the results of six fields of inquiry is suggested as necessary to the proper study of an abnormal individual. There are: (1) A mental examination, (2) an educational examination, (3) an environmental examination, (4) a physical examination, (5) a developmental examination, and (6) a heredity examination.

This test is limited to a consideration of but one, and what is considered the most important of these fields, the mental examination.

The work is divided into five parts. The first and introductory part presents the fact of individual difference among children, considers the correspondence between different indices of development, and sets up the aims, methods, and fundamental principles essential to sound clinical procedure. Part two has to do with intelligence—the various scales for measuring intelligence, the theories and definitions of intelligence, the question of specific intellectual abilities, disorders of mental processes, etc. Part three deals with the motor side of the nervous mechanism—the general level of motor ability and abnormal motor manifestations. Part four deals with the emotional side—instinctive, temperamental, and character peculiarities.

For those who would gain an intelligent viewpoint toward the abnormalities met with in school work the book will be valuable. It does not encourage one to believe that even the expert is always able readily to classify and remedy abnormalities coming to his attention. Rather it suggests that

abnormalities are not strange and supernatural manifestations, not to be studied and questioned, but that they frequently can be placed in a reasonably well defined class of mental deviation for which an accepted mode of treatment has been developed.

The book is too difficult for those with little background in the field of educational psychology. It presupposes a training in psychology at least equal to that ordinarily given preceding the bachelor's degree in a first rate department of education. For students with such training the well trained clinical psychologist, capable of demonstrating the use of certain of the testing devices and explaining in somewhat greater detail the characteristics of certain abnormalities, will find in the work an excellent class test. Principals and other school executives will find in this text a ready road to the general background which they should have in order to cooperate intelligently with the clinical psychologist in handling mentally abnormal children. In the hands of a school psychologist the book should offer a valuable text for use with groups of classroom teachers equipping themselves for a more intelligent understanding of atypical children.

JOHN K. NORTON.

SONG PHRASES FOR LITTLE CHILDREN.

Words and music by Mary Minge Wilkins. Distributed from 1519 28th Street, N.W., Washington, D. C. Price 75 cents.

A group of fourteen songs for children of kindergarten age, written in direct response to the need for appropriate singing material for very young children.

These songs are based on the writer's own kindergarten and musical experience.

INTERPRETATIONS OF MUSIC THROUGH RHYTHM BAND, RHYTHMIC PANTOMIME, AND DANCE. By Jessie B. Merrick and Ruth Durham with Foreward by Helen M. Reynolds. Distributed from 800 Seattle Building, Seattle, Washington. Price 75 cents.

A manual for grades from kindergarten to junior high school and girls classes in high school. Classified as free, suggested, and directed, with grades indicated for each. Form of music specifically designated according to theme and measure. Directions in explicit terms. Designed for the enthusiastic cooperative teacher-leader who finds herself questioning how best to conserve the natural response of children to music from within and without.

Announcement Revised Edition Story List

Due to unavoidable circumstances the publication of the Revised Edition of the Selected List of Poetry and Stories for Kindergarten, First and Second Grades has been delayed. The pamphlet will be ready for distribution *February 15, 1928*.

Men work for fame, and it is pleasant to have; men work for money, and enjoy their riches; men work for approval of their neighbors, and are gratified, but neither the acquisition nor the permanence of these ends can be guaranteed. The only end that embodies the two virtues of certainty and solidity is the worker's own approval. When he can say to himself, "You have done your best, have dealt squarely and honestly with all," the rest does not count. He will have acquired the finest reward that can come to a human being.

—THE AMERICAN BOY

Who's Who in Childhood Education

Jesse Feiring Williams, professor of physical education, Teachers College, Columbia University, served as First Lieutenant Medical Corps U. S. A. and major Red Cross in charge recreation in hospitals Atlantic Division. Among his published works are *Organization and Administration of Physical Education* and *Personal Hygiene Applied*.

Louise Stanley, as Chief of the Bureau of Home Economics is in the front rank of workers for the better nutrition of children and adults alike. In 1923 Dr. Stanley was called from the University of Missouri to head the new federal bureau.

Elizabeth R. Shirley was educated abroad. She has a diploma from the University of Paris and also studied at Heidelberg, in England, Italy, and Spain. For the past year she has been Specialist in Public Information in the Children's Bureau.

Edna N. White is Director of the Merrill-Palmer School and a leader in the National Council of Parental Education. She, as a home economist, has shown great interest in the nursery school.

Ethel Perrin was formerly Director of Physical and Health Education in the

Detroit Public Schools. For the past five years, she has been Staff Associate of the American Child Health Association.

Roberta Hemingway is Junior Specialist in Kindergarten-Primary Education at the Bureau of Education. She is a member of the Committee on Parental Education.

Edith M. Lincoln is Instructor in Pediatrics at the College of Physicians and Surgeons of Columbia University and physician to the Bureau of Educational Experiments. She is joint author of *Health Education and the Nutrition Class*.

Margaret Coble is Assistant Superintendent of Schools of the Parker School District, South Carolina.

Charlotte B. Pope, already well known to many members of the I. K. U., will increase her circle of admiring acquaintances during convention week at Grand

Rapids since she is General Convention Chairman.

John K. Norton is Director of the Division of Research, National Education Association, Washington, D. C.

Anna E. Richardson is Field Worker in Child Development and Parental Education of the American Home Economics Association, Washington, D. C.



CHARLOTTE B. POPE